

PATENT APPLICATION SERIAL NO. _____

U.S. DEPARTMENT OF COMMERCE
PATENT AND TRADEMARK OFFICE
FEE RECORD SHEET

06/21/2001 SDUONG 00000010 033325 09040856

01 FC:101 710.00 CH
02 FC:103 180.00 CH

PTO-1556
(5/87)

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**UTILITY
PATENT APPLICATION
TRANSMITTAL**

(Only for new nonprovisional applications under 37 CFR 1.53(b))

APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents	ADDRESS TO:	Assistant Commissioner for Patents Box Patent Application Washington, DC 20231
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1. <input checked="" type="checkbox"/> * Fee Transmittal Form (e.g., PTO/SB/17) <i>(Submit an original and a duplicate for fee processing)</i>	5. <input type="checkbox"/> Microfiche Computer Program (<i>Appendix</i>)
2. <input checked="" type="checkbox"/> Specification <i>(preferred arrangement set forth below)</i>	6. Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i>
- Descriptive title of the Invention	a. <input type="checkbox"/> Computer Readable Copy
- Cross References to Related Applications	b. <input type="checkbox"/> Paper Copy (identical to computer copy)
- Statement Regarding Fed sponsored R&D	c. <input type="checkbox"/> Statement verifying identity of above copies
- Reference to Microfiche Appendix	
- Background of the Invention	
- Brief Summary of the Invention	
- Brief Description of the Drawings (if filed)	
- Detailed Description	
- Claim(s)	
- Abstract of the Disclosure	
3. <input checked="" type="checkbox"/> Drawing(s) (35 USC 113)	7. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s))
Oath or Declaration	8. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input checked="" type="checkbox"/> Power of Attorney <i>(when there is an assignee)</i>
a. <input type="checkbox"/> Newly executed (original or copy)	9. <input type="checkbox"/> English Translation Document (<i>if applicable</i>)
b. <input type="checkbox"/> Copy from a prior application (37 CFR §1.63(d)) <i>(for continuation/divisional with Box 16 completed)</i>	10. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input checked="" type="checkbox"/> Copies of IDS Citations
i. <input type="checkbox"/> <u>DELETION OF INVENTOR(S)</u> Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR §§ 1.63(d)(2) and 1.33(b).	11. <input type="checkbox"/> Preliminary Amendment
4. <input type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(should be specifically itemized)</i>	
5. <input type="checkbox"/> * Small Entity Statement(s) <input type="checkbox"/> Statement filed in prior application, Status still proper and desired (PTO/SB/09-12)	
6. <input type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i>	
7. <input type="checkbox"/> Other:	

***NOTE FOR ITEMS 1 & 13: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 CFR §1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 CFR §1.28).**

16. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment:

 Continuation Divisional Continuation-in-part (CIP) of prior application No.: 08/

Prior application information: Examiner: Group / Art Unit:

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

17. CORRESPONDENCE ADDRESS

<input type="checkbox"/> Customer Number or Bar Code Label <i>(Insert Customer No. or Attach bar code label here)</i>	<input type="checkbox"/> Correspondence address below
NAME Attn: Tom Cole	Nixon Peabody, LLP
ADDRESS 8180 Greensboro Drive, Suite 800	STATE VA
CITY McLean	ZIP CODE 22102
COUNTRY USA	TELEPHONE (703) 790-9110
NAME (Print/Type) Signature	Registration No. (Attorney/Agent) 34,432
Svetlana Short Svetlana Shar	Date 9-24-01

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231

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FEE TRANSMITTAL for FY 2000

Patent fees are subject to annual revision.

Small Entity payments must be supported by a small entity statement, otherwise large entity fees must be paid. See Forms PTO/SB/09-12. See 37 C.F.R. §§ 1.27 and 1.28.

TOTAL AMOUNT OF PAYMENT (\$) **890.00****Complete if Known**

Application Number	TBD
Filing Date	Herewith
First Named Inventor	Davis et al., Monica
Examiner Name	TBD
Group / Art Unit	TBD

METHOD OF PAYMENT (check one)

- The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number **03-3325**Deposit Account Name **Corning Incorporated** Charge Any Additional Fees Required Under 37 CFR §§ 1.16 and 1.17**2. Payment Enclosed:** Check Money Order Other**FEE CALCULATION****1. BASIC FILING FEE**

Large Entity Small Entity

Fee	Fee	Fee	Fee	Fee Description	Fee Paid
Code	(\$)	Code	(\$)		
101	710	201	355	Utility filing fee	<u>710.00</u>
106	320	206	160	Design filing fee	
107	480	207	240	Plant filing fee	
108	710	208	355	Reissue filing fee	
114	150	214	75	Provisional filing fee	
SUBTOTAL (1)				(\$)	710.00

2. EXTRA CLAIM FEESExtra Fee from
Claims below Fee PaidTotal Claims $30 - 20^{**} = 10 \times 18 = 180.00$ Independent Claims $2 - 3^{**} = x =$

Multiple Dependent =

** or number previously paid, if greater; For Reissues, see below

Large Entity Small Entity

Fee	Fee	Fee	Fee	Fee Description
Code	(\$)	Code	(\$)	
103	18	203	9	Claims in excess of 20
102	80	202	40	Independent claims in excess of 3
104	270	204	135	Multiple dependent claim, if not paid
109	80	209	40	** Reissue independent claims over original patent
110	18	210	9	** Reissue claims in excess of 20 and over original patent
SUBTOTAL (2)				(\$) 180.00

FEE CALCULATION (continued)**3. ADDITIONAL FEES**

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code (\$)	
105	130	205	65 Surcharge - late filing fee or oath
127	50	227	25 Surcharge - late provisional filing fee or cover sheet
139	130	139	130 Non-English specification
147	2,520	147	2,520 For filing a request for reexamination
112	920*	112	920* Requesting publication of SIR prior to Examiner action
113	1,840	113	1,840* Requesting publication of SIR after Examiner action
115	110	215	55 Extension for reply within first month
116	380	216	190 Extension for reply within second month
117	870	217	435 Extension for reply within third month
118	1,360	218	680 Extension for reply within fourth month
128	1,850	228	925 Extension for reply within fifth month
119	300	219	150 Notice of Appeal
120	300	220	150 Filing a brief in support of an appeal
121	260	221	130 Request for oral hearing
138	1,510	138	1,510 Petition to institute a public use proceeding
140	110	240	55 Petition to revive - unavoidable
141	1,210	241	605 Petition to revive - unintentional
142	1,210	242	605 Utility issue fee (or reissue)
143	430	243	215 Design issue fee
144	580	244	290 Plant issue fee
122	130	122	130 Petitions to the Commissioner
123	50	123	50 Petitions related to provisional applications
126	240	126	240 Submission of Information Disclosure Stmt
581	40	581	40 Recording each patent assignment per property (times number of properties)
146	690	246	345 Filing a submission after final rejection (37 CFR § 1.129(a))
149	690	249	345 For each additional invention to be examined (37 CFR § 1.129(b))
Other fee (specify) _____			
Other fee (specify) _____			

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$)**Complete (if applicable)**Name (Print/Type) **Svetlana Short** | Registration No. (Attorney/Agent) **34,432**Signature **Svetlana Short** | Date **9/24/01**

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

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